

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345215	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/09/2014
NAME OF PROVIDER OR SUPPLIER RIVER TRACE NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 250 LOVERS LANE WASHINGTON, NC 27889		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 281 SS=D	<p>483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS</p> <p>The services provided or arranged by the facility must meet professional standards of quality.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility failed to transcribe a physician's order to increase the amount of a bolus tube feeding from 4 times each day to 5 times each day for 1 of 16 residents (Resident #106) whose orders were reviewed. Findings included:</p> <p>Resident #106 was re-admitted to the facility on 03/21/14 with cumulative diagnoses of dysphagia (difficulty swallowing), gastrostomy (feeding tube), and end stage renal disease (ESRD) requiring dialysis. Resident #106's Quarterly Minimum Data Set (MDS) dated 08/13/14 showed Resident #106 was severely cognitively impaired.</p> <p>Review of the Physician Orders sheet dated 10/01/14-10/31/14 showed an order for a specialized liquid nutritional meal supplement one 240cc can via gastrostomy every six hours.</p> <p>Review of the Physician Telephone orders dated 10/03/14 showed an order for a specialized nutritional supplement at 250cc (cubic centimeters) 5x (times) QD (every day) bolus via PEG (gastrostomy).</p> <p>Review of the October 2014 Medication Administration Record (MAR) showed the 10/03/14 Telephone Order to increase the liquid nutritional meal supplement to be given five times each day had not been transcribed onto the</p>	F 281	<p>River Trace Nursing and Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and proposes this Plan of Correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of residents. The Plan of Correction is submitted as a written allegation of compliance.</p> <p>River Trace Nursing and Rehabilitation Center's response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, River Trace Nursing & Rehabilitation Center reserves the right to refute any of the deficiencies on this Statement of Deficiencies through Informal Dispute Resolution, formal appeal procedure and/or any other Administrative or legal proceeding.</p> <p>The current Tube Feeding Order for Resident # 106 was transcribed to the Medication Administration Record (MAR)</p>	10/28/14	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

10/23/2014

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 281	<p>Continued From page 1</p> <p>record. Resident #106 continued to receive the meal supplement every six hours.</p> <p>In an interview on 10/09/14 at 11:27 AM Nurse #1 stated when a telephone order was received the order was written on a telephone order sheet and then transcribed onto the MAR by the nurse who wrote the order. The telephone order sheet consisted of white, pink and yellow copies. The white copy was removed and placed in the physician's folder to be signed. The pink copy was placed in a box in a drawer at the nurse's station. The pink copy was then picked up by a supervisor who double checked the order and made sure it was transcribed onto the MAR. The yellow copy remained in the chart. If the order was for a change in a diet or a tube feeding a diet slip was also filled out and sent to the kitchen.</p> <p>In an interview on 10/09/14 at 3:51 PM the Director of Nurses (DON) stated the nurse who received the telephone order should also write the order on the MAR. The pink slips from the telephone orders were placed in a drawer at the nurse's station and the Quality Improvement (QI) nurse was supposed to pick them up and check them against the MAR to make sure the order had been transcribed. She indicated the nurse who received the telephone order did not write the order on the MAR and the MAR had not been checked to make sure the order had been placed on the MAR. She stated it was her expectation that the nurse who took the order transcribe it onto the MAR and she expected the QI nurse to check to make sure it had been done. She indicated by not providing the nutritional supplement as ordered Resident #106 was not receiving the amount of calories that were needed.</p>	F 281	<p>as ordered for documentation of administration on 10-9-14 by the Assistant Director of Nursing (ADON). Tube fed Residents to include Resident #106 continue to receive necessary care and services required to meet professional standards of quality to include receiving tube feedings as per physician order and as transcribed to the MAR.</p> <p>An audit of Physician Orders and MARs for Residents receiving Tube feedings was completed by the Director of Nursing (DON) and Administrative Nurses to include the ADON and the Quality Improvement Nurse, on 10-13-14 and again on 10-20-14 by the Dietary Manager to ensure orders were transcribed appropriately. Follow up was completed for any concerns identified at the time of the audit by the Administrative Nurse completing the audit.</p> <p>The QI Nurse was in-serviced on 10-9-14 by the DON related to her responsibility to verify transcription of all orders to the MAR to include tube feeding orders. In services related to transcription of physician orders to the MAR for documentation to include for tube feedings was initiated for 100% of Facility Nurses by the Staff Facilitator on 10-13-14. In servicing was completed on 10-21-14.</p> <p>The in-servicing included the need to ensure the pink copy of physician orders</p>		

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F 281	Continued From page 2 In an interview on 10/09/14 at 4:15 PM the QI Nurse indicated she did not compare tube feeding orders on the pink slips to the MAR to make sure they had been transcribed. She stated she had never been informed that was part of her duties as the QI nurse. She stated it was a different supervising nurse who checked those orders. In an interview on 10/09/14 at 4:22 PM the Nurse Supervisor named by the QI Nurse stated that dietary orders were placed on the MAR by the nurse who wrote the order. She indicated she did not check the dietary pink slips against the MAR to make sure the order had been transcribed.	F 281	used for facility tracking was initiated indicating transcription to the MAR by the nurse processing the order and then forwarded to the facility QI Nurse for verification of transcription to the MAR. Nurses after 10-21-14 will receive in-servicing during Nursing Orientation by the Staff Facilitator. A QI Tool will be completed weekly by the QI Nurse x 8 weeks then monthly x 2 months to reflect the review of allPhysician orders to include orders for Tube feedings. Audits will be reviewed weekly x 8 weeks then monthly x 2 months with follow up conducted as necessary for identified concerns by the DON. Results of the review will be compiled and forwarded by the DON to the Executive QI Committee for monthly review x 4 months for identification of trends, development of action plan as deemed necessary and to determine the need and / or frequency of continuing QI monitoring.		
F 314 SS=D	483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and	F 314		10/28/14	

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F 314	<p>Continued From page 3</p> <p>services to promote healing, prevent infection and prevent new sores from developing.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review the facility failed to consistently provide physician-ordered nutritional supplements to promote wound healing for 1 of 4 sampled residents (Resident #159) with pressure ulcers. Findings included:</p> <p>Resident #159 was admitted to the facility on 07/31/14, readmitted to the facility on 08/01/14, and expired in the facility on 08/16/14. The resident's documented diagnoses included pressure ulcers, left hip fracture, and peripheral vascular disease.</p> <p>A 07/31/14 Wound/Ulcer Flow Sheet documented the resident was admitted with pressure ulcers to the coccyx, upper mid-vertebrae, and right hip. The sheet documented the resident's coccyx wound was stage II, measured 0.7 x 1.5 x 0.3 centimeters (cm), with the wound bed being 75% granulation tissue and 25% scattered yellow slough. The ulcer on the upper mid-vertebrae was stage II, measured 3 x 2 cm, and was a dark red non-blanchable area with small areas of broken skin. The right hip ulcer was stage III, measured 2.3 x 1.3 cm with scant serous exudate, with the wound bed being 50% dark pink tissue and 50% yellow slough.</p> <p>A 07/31/14 physician order documented the resident's code status was "do not resuscitate".</p> <p>08/03/14 lab results documented the residents</p>	F 314	<p>Resident # 159 no longer resides in the facility. Facility Residents continue to receive necessary treatment and services to promote wound healing, prevent infection and prevent new sores from developing.</p> <p>A review of Medication Administration Records (MAR) and Physician orders for Facility Residents was complete by the Director of Nursing(DON)and Administrative Nurses to include the Assistant Director of Nursing (ADON)and the Quality Improvement (QI) Nurse on 10-13-14 with follow up completed at the time of the review by the Administrative Nurse completing the review. This review included Residents with wounds to ensure any supplements ordered were transcribed to the MAR for documentation and were being given as ordered.</p> <p>The QI Nurse wasin-serviced on 10-9-14 by the DON related to her responsibility to verify transcription of all orders to the MAR to include dietary supplement orders. In services related to \transcription of physician orders to the MAR for documentation to include for supplements ordered for wound management was initiated with 100% of Facility Nurses by the Staff Facilitator on 10-13-14 and was completed</p>		

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F 314	<p>Continued From page 4</p> <p>albumin level was low at 2.1 grams per deciliter (g/dL) with normal being 3.85 - 5.35 g/dL and the resident's total protein was low at 4.0 g/dL with normal being 6.5 - 8.5 g/dL.</p> <p>On 08/04/14 the resident's care plan identified, "Ulceration or interference with structural integrity of layers of skin caused by prolonged pressure related to: impaired mobility s/p (after) left hip fracture. Resident has pressure ulcer to coccyx" as a problem. Interventions to this problem included, "Supplements as ordered by physician".</p> <p>A 08/07/14 dietary supplemental review documented Resident #159 was "able to communicate needs, able to feed self with set up, no chewing/swallowing problems, regular diet with meal intake at 25%, inadequate for needs, surgical wound to left hip and pressure wounds to right hip, vertebrae, and coccyx. Res (resident) at risk for wt loss and further breakdown, infection."</p> <p>A 08/07/14 physician order started Resident #159 on a regular diet, one four-ounce cup of Gelatein (protein supplement) twice daily (BID) with med pass, and Resource 2.0 (liquid nutritional supplement) at 120 cubic centimeters (cc) four times daily (QID).</p> <p>Review of the resident's August 2014 medication administration record (MAR) revealed the administration of Gelatein and Resource 2.0 was never documented.</p> <p>The resident's 08/08/14 Admission Minimum Data Set (MDS) documented her cognition was severely impaired, and she had a surgical wound, two stage II pressure ulcers and one stage III</p>	F 314	<p>on 10-21-14.</p> <p>The in-servicing included the need to ensure the pink copy of order used for facility tracking was initialed indicating transcription to the MAR and then forwarded to the facility QI Nurse who would then verify the transcription of the order to the MAR for documentation of the supplement being given. Nurses hired after 10-21-14 will receive in-servicing during Nursing Orientation by the Staff Facilitator.</p> <p>A QI Tool will be completed by the QI Nurse weekly x 8 weeks then monthly for a minimum of 2 months to reflect the review of all Physician orders to include orders for dietary supplements used to promote wound healing, prevent infection and prevent new ulcers from developing. Wounded Residents will be reviewed weekly by the Treatment Nurse using a QI Tool as a second check to ensure nutritional support is being provided as ordered.</p> <p>Audits will be reviewed weekly x 8 weeks then monthly for a minimum of 2 months with follow up conducted as necessary for identified concerns by the DON.</p> <p>Results of the audits will be compiled and forwarded by the DON to the Executive QI Committee x 4 months for review and identification of trends, development of action plan as determined necessary and to determine the need and / or frequency</p>		

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F 314	<p>Continued From page 5 pressure ulcer.</p> <p>A 08/12/14 Wound Ulcer Flow Sheet documented Resident #159 had a stage II pressure ulcer to the coccyx measuring 3 x 4 cm with a wound bed of 75% dark pink granulation tissue and 25% scattered yellow slough. The resident's pressure ulcer to the upper mid-vertebrae declined to unstageable, measuring 9 x 5 cm with a wound bed of 95% dark brown/black eschar and 5% slough and scant serous exudate. The right hip ulcer remained stage III, measuring 3 x 2 cm with a wound bed of 75% dark pink tissue and 25% scattered yellow slough and scant serous exudate.</p> <p>A 08/12/14 dietary progress note documented, "wt(weight) stable, diet changed to add Gelatein and Resource 2.0 to aid with needs r/t (in regard to) poor PO (by mouth) intake, wound status, meal intake remains poor at 22% average, with supplements consumed total intake is still below estimated caloric needs, will continue to monitor weights and intakes and wounds."</p> <p>A 08/14/14 physician order changed the resident's diet to puree with nectar thick liquids and continued the resident on Gelatein and Resource.</p> <p>A 08/15/14 12:15 PM progress note documented, "encouraged to eat and refuses, spits out food most of time, refused to drink Resource this AM."</p> <p>A 08/15/14 physician progress note documented, "Pressure ulcer, unstageable. Multiple sites of pressures ulcers. It does appear that her condition is declining. She is starting to have multiple pressure ulcer breakdown."</p>	F 314	of continuing QI monitoring.		

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F 314	<p>Continued From page 6</p> <p>A 08/15/14 registered dietitian (RD) documented, "intake approximately 25%, refusing meals past 24 hours, Gelatein BID refusing, staff attempting to feed resident-spits food out, staff states can get her to drink better than eat. Recommendation: send house shake on each meal tray, have ST(speech therapy) clarify Resource order as pt (patient) refusing all po except for supplement. Multiple wounds..."</p> <p>A 08/16/14 progress note documented Resident #159 expired in the facility.</p> <p>On 10/08/14 at 10:37 AM Nurse #2 stated if Resource and Gelatein were given to a resident they would be documented on the MAR along with the amount consumed by the resident.</p> <p>On 10/08/14 at 2:58 PM Nurse #3, Resident #159's primary first shift nurse, stated she could not remember whether Resident #159 received any nutritional supplements, but if she did receive them during medication pass they should have been documented on the MAR with the percent consumed.</p> <p>On 10/8/14 at 2:58 PM Nurse #4, Resident #159's primary second shift nurse, stated she thought the resident did receive some type of nutritional supplement, but could not say for sure. However, she reported she never recalled Resident #159 receiving any Resource. According to the nurse, supplements dispensed during med pass were to be documented on the MAR with percent of intake recorded.</p> <p>On 10/9/14 at 3:55 PM the director of nursing (DON) stated the MAR was the only way that all</p>	F 314			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 314	Continued From page 7 nursing staff would know that resident was to receive nutritional supplements. She reported the pink copies of physician phone orders were placed in a drawer at night, and the next morning the quality improvement (QI) nurse was supposed to check all the pink copies (including those with nutritional recommendations) to make sure all orders were transcribed over to the MAR. On 10/9/14 at 4:15 PM the QI nurse stated she was not told that it was her responsibility to take pink copies of any dietary orders and compare them against the MARs. She reported she did compare pink copies of orders for medications and labs to make sure they were documented on the MARs or other documents to ensure the orders were carried out.	F 314			
F 325 SS=D	483.25(i) MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE Based on a resident's comprehensive assessment, the facility must ensure that a resident - (1) Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and (2) Receives a therapeutic diet when there is a nutritional problem. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review the facility failed to consistently provide physician-ordered nutritional supplements to	F 325	Resident #38 no longer resides in the facility. Facility Residents continue to receive physician ordered nutritional	10/28/14	

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F 325	<p>Continued From page 8</p> <p>prevent further weight loss for 1 of 4 sampled residents (Resident #38) whose nutritional status was reviewed. Findings included:</p> <p>Resident #38 was admitted to the facility on 08/07/14 and discharged home on 09/10/14. The resident's documented diagnoses included cardiovascular disease, hyperlipidemia, chronic obstructive pulmonary disease, and right hip fracture.</p> <p>Review of physician orders revealed the resident was admitted to the facility on a regular diet.</p> <p>The resident's Weight Summary documented she weighed 141.2 pounds on 08/07/14.</p> <p>08/10/14 lab results documented the resident's albumin was low at 2.7 grams per deciliter (g/dL) with normal being 3.85 - 5.35 g/dL and her total protein was low at 4.8 g/dL with normal being 6.5 - 8.5 g/dL.</p> <p>A 08/10/14 physician progress note documented, "Admission visit for patient status post hospitalization between 8/3 and 8/7 secondary to fall resulting in hip fracture with surgical repair....Patient came with a wound VAC to her incision on her hip."</p> <p>A 08/12/14 physician order changed the resident's diet to puree with thin liquids.</p> <p>A 08/12/14 dietary supplemental review documented, "Admitted at 141.2 lbs, able to communicate needs, total assist with eating, no dentures/natural teeth, diet changed earlier today to puree per ST (speech therapy), meal intake has been poor at 25% since admit..."</p>	F 325	<p>supplements for weight loss prevention and weight loss management as per physician orders and continue to have those supplements documented.</p> <p>100% of Medications Administration Records (MAR) and Physician orders for Facility Residents were reviewed by the Director of Nursing (DON) and Administrative Nurses to include the Assistant Director of Nursing (ADON) and the Quality Improvement (QI) Nurse on 10-13-14. This review included Residents receiving nutritional support for weight management to ensure any supplements ordered were transcribed to the MAR for documentation. Follow up by the DON and / or Administrative Nurses occurred as necessary for any identified areas of concern at the time of the review.</p> <p>The QI Nurse was in-serviced on 10-9-14 by the DON related to her responsibility to verify transcription of all orders to the MAR to include dietary supplement orders.</p> <p>In services related to transcription of physician orders to the MAR for documentation to include for supplements ordered for weight management and nutritional support was conducted with 100% of Facility Nurses by the Staff Facilitator beginning on 10-13-14 and was completed on 10-21-14.</p> <p>The in-servicing included the need to</p>		

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F 325	<p>Continued From page 9</p> <p>On 08/12/14 the resident's care plan identified, "State of nourishment; less than body requirement characterized by inadequate intake r/t (in regard to) poor PO (by mouth) intake of meals, need for mechanically altered diet r/t chewing difficulty" as a problem. Interventions to this problem included, "Provide calorie/protein supplementation" and "Refer to dietitian for evaluation/recommendations."</p> <p>The resident's 08/14/14 Admission Minimum Data Set (MDS) did not assess her short and long term memory, but documented her cognitive skills for daily decision making were severely impaired. The assessment also documented the resident was totally dependent on a staff member for eating, had no swallowing disorder, and experienced no significant weight loss or weight gain.</p> <p>The resident's Weight Summary documented she weighed 138.4 pounds on 08/14/14.</p> <p>A 08/18/14 dietary supplemental review documented, "Meal intake at 40% after change to puree diet, inadequate for current needs."</p> <p>A 08/18/14 physician order started Resident #38 on Resource 2.0 (liquid nutrition supplement) 60 cubic centimeters (cc) three times daily (TID) with med pass and one four-ounce cup of Gelatein (protein supplement) daily with med pass.</p> <p>Review of the resident's August 2014 medication administration record (MAR) revealed no documentation Resident #38 received Resource of Gelatein during the month.</p>	F 325	<p>ensure copy of order used for facility tracking was initialed indicating transcription to the MAR and then forwarded to the facility QI Nurse who would then verify the order was transcribed to the MAR for documentation. Nurses hired after 10-21-14 will receive in-servicing during Nursing Orientation by the Staff Facilitator.</p> <p>A QI Tool will be completed by the QI Nurse to reflect review of all Physician orders to include supplement orders for nutritional support for weight management. The ADON utilizing a QI Tool will conduct weekly review of Residents requiring weight management as a second check. The QI Tools will be completed weekly x 8 weeks then monthly for a minimum of 2 months with follow conducted as necessary for identified concerns by the DON.</p> <p>Results of the audits will be compiled and forwarded by the DON to the Executive QI Committee for review x 4 months for identification of trends, development of action plan as appropriate and to determine the need and / or frequency of continuing QI monitoring.</p>		

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F 325	<p>Continued From page 10</p> <p>The resident's Weight Summary documented she weighed 136 pounds on 08/21/14 and 132 pounds on 08/28/14.</p> <p>A 09/01/14 dietary supplemental review documented, "CBW (current body weight) 132 pounds, weight down by 9.2 pounds x 30 days, meal intake at 45%, total intake is below estimated caloric needs r/t weight loss, will continue to monitor weights and intakes."</p> <p>The resident's Weight Summary documented she weighed 122.4 pounds on 09/04/14.</p> <p>A 09/04/14 physician order documented to continue Resident #38 on a puree diet with Resource 2.0 and Gelatein during med pass, but added Boost Plus with meals daily.</p> <p>Review of the resident's September 2014 MAR revealed no documentation Resident #38 received Resource of Gelatein during the month.</p> <p>A 09/08/14 registered dietitian (RD) progress note documented, "Admit 141.2 pounds, CBW 122.4 pounds, 13% weight loss in 30 days, po intake 25 - 100%, resource and protein daily with 50% acceptance. Plan to d/c (discharge) home this week."</p> <p>On 10/08/14 at 2:50 PM Nurse #5, Resident #38's first shift primary nurse, stated she thought the resident received a nutritional supplement but could not say for sure. She reported all supplements given with medication pass were to be documented on the MAR, accompanied by a percentage of supplement intake.</p> <p>On 10/08/14 at 5:42 PM Nurse #6, Resident #38's</p>	F 325			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 325	Continued From page 11 second shift primary nurse, stated she did not remember the resident getting a supplement via medication pass during her nursing home stay. On 10/9/14 at 3:55 PM the director of nursing (DON) stated the MAR was the only way that all nursing staff would know that resident was to receive nutritional supplements. She reported the pink copies of physician phone orders were placed in a drawer at night, and the next morning the quality improvement (QI) nurse was supposed to check all the pink copies (including those with nutritional recommendations) to make sure all orders were transcribed over to the MAR. On 10/9/14 at 4:10 PM, during a telephone interview with the RD, she stated supplements given with a med pass were supposed to be documented on the MAR. She also reported some nurses documented the percent of supplement intake on the MAR which helped her make decisions about continuing or replacing supplements when residents continued to lose weight. On 10/9/14 at 4:15 PM the QI nurse stated she was not told that it was her responsibility to take pink copies of any dietary orders and compare them against the MARs. She reported she did compare pink copies of orders for medications and labs to make sure they were documented on the MARs or other documents to ensure the orders were carried out.	F 325			
F 366 SS=E	483.35(d)(4) SUBSTITUTES OF SIMILAR NUTRITIVE VALUE Each resident receives and the facility provides substitutes offered of similar nutritive value to	F 366		10/28/14	

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F 366	<p>Continued From page 12 residents who refuse food served.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview the facility failed to provide an alternate for a green vegetable (okra) which was of the same nutritive value. Findings included:</p> <p>The lunch trayline began operation at 12:03 PM on 10/08/14. Observation of the steam table and the surrounding kitchen revealed barbecue was the alternate for Swiss steak, noodles was the alternate for mashed potatoes, and corn appeared to be the alternate for fried/breaded okra. In an interview the cook confirmed that corn was being served as the alternate for the okra.</p> <p>At 2:30 PM on 10/09/14 the dietary manager (DM) stated corn was never to be served as an alternate for a green vegetable because from a nutrition standpoint corn was a starch. She reported the cook chose the alternates for the meats, starches, and vegetables on the menus. However, she commented that she usually visually confirmed that the alternates were of the same nutrient value as the posted menu items. According to the DM, dietary staff was trained that alternates for green vegetables were to be other green vegetables, alternates for yellow vegetables were to be other yellow vegetables, and alternates for orange vegetables were to be other orange vegetables.</p> <p>At 2:38 PM on 10/09/14 a cook/dietary aide stated the cook decided what the alternate meat, starch, and vegetable items were going to be at each meal. He stated dietary staff was trained</p>	F 366	<p>Facility Residents are receiving correct food substitutes for food items to include green vegetables ensuring Residents receive equal nutritive value when substitutions are made .</p> <p>The meal substitute concern observed on 10-8-14 was corrected by the Dietary Manager at the time of the observation. The corn was discarded. Peas were substituted for Fried Okra. Facility Residents continue to receive appropriate food substitutions as evident by observations by the Dietary Manager, Dietary Assistant Manager or the Dietary Aide as assigned during each meal preparation. Any concerns identified are corrected at time of the observation.</p> <p>Dietary staff in-servicing was initiated on 10-8-14 and was completed on 10-20-14 related to correct food item substitutions by the Dietary Manager. In-servicing included instruction related to appropriate substitution of a green vegetable. Dietary Staff hired after 10-20-14 will receive in-servicing during Dietary Orientation by the Dietary Manager.</p> <p>Food item substitutions will continue to be monitored during routine food preparation by the Dietary Manager or Dietary Assistant Manager or the Dietary Aide as assigned during each meal preparation</p>		

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F 366	Continued From page 13 that corn, potatoes, lima beans, etc were starches, and could not be used as alternates for green vegetables.	F 366	who will also correct any concerns identified at the time of the observation. A Dietary QI Audit tool will be completed 3 x weekly for 4 weeks then weekly x 4 weeks then monthly for a minimum of 2 months to ensure Residents are receiving correct substitution for food items. The QI Audit tools will be reviewed weekly x 8 weeks then monthly for 2 months by the Quality Improvement Nurse or the Administrator with follow-up as deemed necessary for any identified concerns. Results of the audits will be compiled monthly by the Quality Improvement Nurse or the Administrator and forwarded to the Executive Quality Improvement Committee monthly x 4 months for review and for identification of trends, development of action plan as appropriate and to determine the need and / or frequency of continuing QI monitoring.		
F 371 SS=E	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced	F 371		10/28/14	

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F 371	<p>Continued From page 14</p> <p>by: Based on observation and staff interview the facility failed to air dry kitchenware before placing it into storage and on resident trays and failed to discard abraded coffee mugs. Findings included:</p> <p>1. On 10/06/14 during initial initial tour of the kitchen, beginning at 7:07 PM, 4 of 9 tray pans stacked on top of one another in storage had moisture trapped inside.</p> <p>On 10/08/14 at 11:18 AM 4 of 7 sippy cups placed on resident trays had moisture inside of them.</p> <p>At 2:30 PM on 10/09/14 the dietary manager (DM) stated upon closing the cook inspected kitchenware nightly to make sure it was not stacked/stored wet. She also reported once or twice during the day she or her assistant checked kitchenware to make sure it was dry. She explained kitchenware was to be air dried before being stacked in storage or placed on resident trays at the trayline.</p> <p>At 2:38 PM on 10/09/14 a cook/dietary aide stated kitchenware placed in storage or on resident trays should be dry and free of food particles. He reported tray pans were to be air dried on shelving above the three compartment sink, and sippy cups were to be air dried in racks above the dish machine running board.</p> <p>2. On 10/08/14 at 11:20 AM 10 of 15 coffee mugs were abraded on the interior bottoms.</p> <p>At 2:30 PM on 10/09/14 the dietary manager (DM) stated kitchenware that was chipped, cracked, or abraded was to be pulled by dietary staff, presented to her, and replaced. The DM</p>	F 371	<p>Facility food is being served under sanitary conditions to include being served to Residents using dishes that are not abraded and are dry without moisture present during stacking and storage. Items with moisture reported on 10-8-14 were removed from meal trays, rewashed and dried prior to use for meal by the Dietary staff under observation by the Dietary Manager. Abraded dishes to include cups observed were discarded and replaced on 10-8-14 by the Dietary Manager after reported observation. Replacement dish items were ordered by the Dietary Manager on 10-8-14 and were received by the facility on 10-14-14 and placed in use.</p> <p>100% Dietary staff in-servicing was initiated on 10-8-14 and was completed on 10-20-14 by the Dietary Manager related policies and requirements for food storage, preparation, distribution and service under sanitary conditions to include ensuring dishes are dry prior to stacking for storage and discarding dishes and food service items that are abraded. Dietary Staff hired after 10-20-14 will receive in-servicing during Dietary Orientation by the Dietary Manager.</p> <p>Dishes to include sippy cups and mugs are being monitored daily by the Dietary Manager, Assistant Manager and / or Dietary Aide as assigned for drying prior to storage and for damage or wear and tear to included identification of abraded</p>		

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F 371	Continued From page 15 reported she kept back-up on-site for most kitchenware items. She explained if replacements were not in storage then she could do an emergency order. At 2:38 PM on 10/09/14 a cook/dietary aide stated any damaged kitchenware was pulled by the staff, shown to the DM, and replaced. He stated cracked, chipped, and abraded kitchenware increased the chance that the items might harbor harmful bacteria.	F 371	areas indicating need for replacement utilizing a QI tool. A QI Tool will be completed 3 x weekly for 4 weeks then once weekly for 4 weeks then monthly for a minimum of 2 Months by the Dietary Manager, Assistant Manager and / or Dietary Aide as assigned to record and ensure dishes are stored and used without moisture and that dishes in use are not abraded. Any concerns identified will be corrected at the time of the observation by the Dietary Manager, Assistant Manager and / or Dietary Aide as assigned. The QI Audit tools will be reviewed weekly x 8 weeks then monthly for 2 months by the Quality Improvement Nurse or the Administrator with follow-up as deemed necessary for any identified concerns. Results of the audits will be compiled monthly by the Quality Improvement Nurse or the Administrator and forwarded to the Executive Quality Improvement Committee monthly x 4 months for review and for identification of trends, development of action plan as appropriate and to determine the need and / or frequency of continuing QI monitoring.		